FOR OHF USE

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2003
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2003)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0020842

Facility Name: Halsted Terrace Nsg Ctr Inc.

Address: 10935 S. Halsted (Number) Chicago (City) 60628 (Zip Code)

County: Cook

Telephone Number: (773) 928-2000 **Fax #** (773) 928-9154

IDPA ID Number: 362877032001

Date of Initial License for Current Owners: 05/01/76

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
		X	"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Steve Lavenda **Telephone Number:** (847) 236 - 1111

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/03 to 12/31/03 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) _____ (Date)
(Type or Print Name) _____
(Title) _____

Paid Preparer
(Signed) _____ (Date)
(Print Name and Title) Noshir R. Daruwalla, C.P.A.
(Firm Name & Address) Frost, Ruttenberg & Rothblatt, P.C.
111 Pfingsten Road, Suite 300 Deerfield, IL 60015
(Telephone) (847) 236-1111 Fax # (847) 236-1155

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	300	Skilled (SNF)	300	109,500	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	300	TOTALS	300	109,500	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	38,664	2,487	5,367	46,518	8
9	SNF/PED					9
10	ICF	50,791	993	122	51,906	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	89,455	3,480	5,489	98,424	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 89.88%

D. How many bed-hold days during this year were paid by Public Aid? 781 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 05/01/76

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date NO [X]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 64 and days of care provided 4,994

Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [ ] NO [ ]

Tax Year: 12/31/03 Fiscal Year: 12/31/03

* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	A. General Services											
1	Dietary	276,340	73,359	11,640	361,339		361,339	5,089	366,428			1
2	Food Purchase		402,857		402,857	(29,656)	373,201	(141)	373,059			2
3	Housekeeping	292,637	69,544		362,181		362,181	14,568	376,749			3
4	Laundry	63,176	60,080		123,256		123,256		123,256			4
5	Heat and Other Utilities			188,284	188,284		188,284	4,394	192,678			5
6	Maintenance	97,024	9,585	110,806	217,415		217,415	(4,397)	213,018			6
7	Other (specify):*											7
8	**TOTAL General Services**	729,177	615,425	310,730	1,655,332	(29,656)	1,625,676	19,513	1,645,188			8
	B. Health Care and Programs											
9	Medical Director			31,000	31,000		31,000		31,000			9
10	Nursing and Medical Records	3,440,559	273,197	33,901	3,747,657		3,747,657	(16,975)	3,730,682			10
10a	Therapy	138,598		426	139,024		139,024		139,024			10a
11	Activities	163,400	12,100	2,408	177,908		177,908		177,908			11
12	Social Services	115,994		4,510	120,504		120,504		120,504			12
13	Nurse Aide Training											13
14	Program Transportation			421	421		421		421			14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	3,858,551	285,297	72,666	4,216,514		4,216,514	(16,975)	4,199,539			16
	C. General Administration											
17	Administrative	686,909		540,000	1,226,909		1,226,909	(448,098)	778,811			17
18	Directors Fees											18
19	Professional Services			586,596	586,596		586,596	(454,170)	132,426			19
20	Dues, Fees, Subscriptions & Promotions			220,133	220,133		220,133	(149,529)	70,604			20
21	Clerical & General Office Expenses	233,910	3,600	227,954	465,464		465,464	106,774	572,238			21
22	Employee Benefits & Payroll Taxes			882,215	882,215	29,656	911,871		911,871			22
23	Inservice Training & Education											23
24	Travel and Seminar			2,260	2,260		2,260	359	2,619			24
25	Other Admin. Staff Transportation			1,838	1,838		1,838		1,838			25
26	Insurance-Prop.Liab.Malpractice			361,246	361,246		361,246	44,100	405,346			26
27	Other (specify):*							74,568	74,568			27
28	**TOTAL General Administration**	920,819	3,600	2,822,242	3,746,661	29,656	3,776,317	(825,996)	2,950,321			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	5,508,547	904,322	3,205,638	9,618,507		9,618,507	(823,458)	8,795,049			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. #0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			138,804	138,804		138,804	211,811	350,615			30
31	Amortization of Pre-Op. & Org.							268,789	268,789			31
32	Interest			113,297	113,297		113,297	535,605	648,902			32
33	Real Estate Taxes							278,934	278,934			33
34	Rent-Facility & Grounds			1,207,248	1,207,248		1,207,248	(1,204,500)	2,748			34
35	Rent-Equipment & Vehicles			35,435	35,435		35,435	5,883	41,318			35
36	Other (specify):*											36
37	**TOTAL Ownership**			1,494,784	1,494,784		1,494,784	96,522	1,591,306			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	133,821	216,927	395	351,143		351,143		351,143			39
40	Barber and Beauty Shops			1,131	1,131		1,131	(838)	293			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			164,250	164,250		164,250		164,250			42
43	Other (specify):*	92,462			92,462		92,462	(92,462)				43
44	**TOTAL Special Cost Centers**	226,283	216,927	165,776	608,986		608,986	(93,300)	515,686			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	5,734,830	1,121,249	4,866,198	11,722,277		11,722,277	(820,236)	10,902,041			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(10,862)	30		9
10	Interest and Other Investment Income	(5,466)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(141)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(5,040)	21		17
18	Fines and Penalties	(5,105)	21		18
19	Entertainment				19
20	Contributions	(16,267)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(4,746)	21		24
25	Fund Raising, Advertising and Promotional	(129,185)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(300)	21		26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(393,544)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (570,656)		$	30

OHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(249,580)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (249,580)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (820,236)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Halsted Terrace Nsg Ctr Inc.

ID# 0020842

Report Period Beginning: 01/01/03

Ending: 12/31/03

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Trust Fees - Building Partnership	$ (350)	21	1
2	Prepayment Penalty - Building Partnership	(80,595)	32	2
3	Wage Assignment Fees	(264)	10	3
4	Veteran Expenses	(16,711)	10	4
5	Franchise Tax	(467)	21	5
6	Non-allowable legal expense	(5,186)	19	6
7	Capitalized R&M	(9,093)	06	7
8	Beauty Shop Income	(838)	40	8
9	COPE Payments	(4,446)	20	9
10	Marketing Salary	(92,462)	43	10
11	Collection Fees	(118,657)	21	11
12	Marking Seminar	(75)	24	12
13	Non-allowable professional fee	(4,400)	19	13
14	Non-allowable management fee	(60,000)	17	14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
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24				24
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96				96
97				97
98				98
99				99
100				100
101	**Total**	(393,544)		101

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary			5,089									5,089	1
2	Food Purchase	(141)											(141)	2
3	Housekeeping			14,568									14,568	3
4	Laundry													4
5	Heat and Other Utilities			4,394									4,394	5
6	Maintenance	(9,093)		4,696									(4,397)	6
7	Other (specify):*													7
8	**TOTAL General Services**	(9,234)		28,747									19,513	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(16,975)											(16,975)	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	Nurse Aide Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	**TOTAL Health Care and Programs**	(16,975)											(16,975)	16
	C. General Administration													
17	Administrative	(60,000)			17,245	(171,278)	(234,065)						(448,098)	17
18	Directors Fees													18
19	Professional Services	(9,586)	12,037	(437,506)	(22,099)	200	2,784						(454,170)	19
20	Fees, Subscriptions & Promotions	(149,898)		585	(216)								(149,529)	20
21	Clerical & General Office Expenses	(134,665)	1,697	237,916	1,612	214							106,774	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar	(75)		383	51								359	24
25	Other Admin. Staff Transportation													25
26	Insurance-Prop.Liab.Malpractice		42,878	1,222									44,100	26
27	Other (specify):*			67,346	3,761	163	3,298						74,568	27
28	**TOTAL General Administration**	(354,224)	56,612	(130,054)	354	(170,701)	(227,983)						(825,996)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(380,433)	56,612	(101,307)	354	(170,701)	(227,983)						(823,458)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 **Report Period Beginning:** 01/01/03 **Ending:** 12/31/03

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(10,862)	208,206	14,467									211,811	30
31	Amortization of Pre-Op. & Org.		265,703	3,086									268,789	31
32	Interest	(86,061)	600,124	21,542									535,605	32
33	Real Estate Taxes		269,190	9,744									278,934	33
34	Rent-Facility & Grounds		(1,204,500)										(1,204,500)	34
35	Rent-Equipment & Vehicles			5,883									5,883	35
36	Other (specify):*													36
37	**TOTAL Ownership**	(96,923)	138,723	54,722									96,522	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops	(838)											(838)	40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(92,462)											(92,462)	43
44	**TOTAL Special Cost Centers**	(93,300)											(93,300)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(570,656)	195,335	(46,585)	354	(170,701)	(227,983)						(820,236)	45

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Attached		See Attached		See Attached		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V		34	Rental Income	$ 1,204,500	Halsted Terrace Associates	100.00%	$	$ (1,204,500)	1
2	V		32	Interest Income	11,832	Halsted Terrace Associates	100.00%		(11,832)	2
3	V		26	Insurance - General		Halsted Terrace Associates	100.00%	42,878	42,878	3
4	V		32	Prepayment Penalty		Halsted Terrace Associates	100.00%	80,595	80,595	4
5	V		21	Office Expense		Halsted Terrace Associates	100.00%	1,347	1,347	5
6	V		19	Accounting		Halsted Terrace Associates	100.00%	12,037	12,037	6
7	V		21	Trust Fees		Halsted Terrace Associates	100.00%	350	350	7
8	V		32	Mortgage Interest		Halsted Terrace Associates	100.00%	531,361	531,361	8
9	V		33	Real Estate Tax		Halsted Terrace Associates	100.00%	269,190	269,190	9
10	V		30	Depreciation		Halsted Terrace Associates	100.00%	208,206	208,206	10
11	V		31	Amortization of Loan Costs		Halsted Terrace Associates	100.00%	265,703	265,703	11
12	V									12
13	V									13
14	Total				$ 1,216,332			$ 1,411,667	$ * 195,335	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	DIETARY	$	ITEX COMPANY	100.00%	$ 5,089	$ 5,089	15
16	V	3	HOUSEKEEPING				14,568	14,568	16
17	V	5	UTILITIES				4,394	4,394	17
18	V	6	REPAIRS AND MAINT.				4,696	4,696	18
19	V	19	PROFESSIONAL FEES				9,119	9,119	19
20	V	20	FEES, SUBSCRIPTIONS				585	585	20
21	V	21	CLERICAL AND GENERAL				24,603	24,603	21
22	V	24	EDUCATION/SEMINARS				383	383	22
23	V	26	INSURANCE				1,222	1,222	23
24	V	27	EMPLOYEE BENEFITS				547	547	24
25	V	30	DEPRECIATION				14,467	14,467	25
26	V	31	AMORTIZATION				3,086	3,086	26
27	V	32	INTEREST				21,542	21,542	27
28	V	33	REAL ESTATE TAXES				9,744	9,744	28
29	V	35	EQUIPMENT RENTAL				5,883	5,883	29
30	V								30
31	V								31
32	V	21	CLERICAL SALARIES				213,313	213,313	32
33	V	27	GEN ADMIN. - EMP. BEN.				66,799	66,799	33
34	V								34
35	V	19	BOOKKEEPING SERVICES	446,625				(446,625)	35
36	V								36
37	V								37
38	V								38
39	Total			$ 446,625			$ 400,040	$ * (46,585)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	ADMINISTRATIVE	$	CAREPATH HEALTH NETWORK	100.00%	$ 17,245	$ 17,245	15
16	V	19	PROFESSIONAL FEES				113	113	16
17	V	20	FEES, SUBSCRIPTIONS				(216)	(216)	17
18	V	21	CLERICAL AND GENERAL				1,612	1,612	18
19	V	24	SEMINARS				51	51	19
20	V	27	GEN ADMIN.- EMP. BEN.				3,761	3,761	20
21	V								21
22	V								22
23	V								23
24	V	19	MANAGEMENT FEES	22,212				(22,212)	24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 22,212			$ 22,566	$ * 354	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	J. RAJCHENBACH-COMP.	$	JLR MANAGEMENT CORP.	100.00%	$ 8,722	$ 8,722	15
16	V	19	PROFESSIONAL FEES				200	200	16
17	V	21	OFFICE				214	214	17
18	V	27	PAYROLL TAXES				163	163	18
19	V								19
20	V								20
21	V	17	MARVIN NEEDLE-CONS. FEES						21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V	17	MANAGEMENT FEES	180,000				(180,000)	29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 180,000			$ 9,299	$ * (170,701)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	BERNIE HOLLANDER-SAL.	$	SHAYMARK MANAGEMENT CORP.	100.00%	$ 65,935	$ 65,935	15
16	V	19	PROFESSIONAL FEES				2,784	2,784	16
17	V	27	PAYROLL TAXES				3,298	3,298	17
18	V								18
19	V								19
20	V								20
21	V								21
22	V	17	MANAGEMENT FEES	300,000				(300,000)	22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 300,000			$ 72,017	$ * (227,983)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week: Hours	Percent	Compensation Included in Costs for this Reporting Period**: Description	Amount	Schedule V. Line & Column Reference	
1	Bernard Hollander	President	Management	83.33%	See Attached	20.00	30.77%	sal&all. Sal	$ 372,004	17-01&07	1
2	Jack Rajchenbach	Vice President	Management	10.00%	See Attached	1.00	1.54%	all. Sal& fees	8,722	17-07	2
3	Mark Hollander	Relative	Executive	0%	See Attached	15.00	25.00%	salary	230,736	17-01	3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 611,462		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [ ] NO [X]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: ITEX COMPANY
Street Address: 6633 N. LINCOLN AVE.
City / State / Zip Code: LINCOLNWOOD, IL. 60712
Phone Number: (847) 679-9141
Fax Number: (847) 679-1820

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	DIETARY	AVAILABLE BED DAYS	466,105	5	$ 21,664	$	109,500	$ 5,089	1
2	3	HOUSEKEEPING	AVAILABLE BED DAYS	466,105	5	62,013		109,500	14,568	2
3	5	UTILITIES	AVAILABLE BED DAYS	466,105	5	18,704		109,500	4,394	3
4	6	REPAIRS AND MAINT.	AVAILABLE BED DAYS	466,105	5	19,989		109,500	4,696	4
5	19	PROFESSIONAL FEES	AVAILABLE BED DAYS	466,105	5	38,816		109,500	9,119	5
6	20	FEES, SUBSCRIPTIONS	AVAILABLE BED DAYS	466,105	5	2,490		109,500	585	6
7	21	CLERICAL AND GENERAL	AVAILABLE BED DAYS	466,105	5	104,727		109,500	24,603	7
8	24	EDUCATION/SEMINARS	AVAILABLE BED DAYS	466,105	5	1,632		109,500	383	8
9	26	INSURANCE	AVAILABLE BED DAYS	466,105	5	5,200		109,500	1,222	9
10	27	EMPLOYEE BENEFITS	AVAILABLE BED DAYS	466,105	5	2,327		109,500	547	10
11	30	DEPRECIATION	AVAILABLE BED DAYS	466,105	5	61,580		109,500	14,467	11
12	31	AMORTIZATION	AVAILABLE BED DAYS	466,105	5	13,137		109,500	3,086	12
13	32	INTEREST	AVAILABLE BED DAYS	466,105	5	91,695		109,500	21,542	13
14	33	REAL ESTATE TAXES	AVAILABLE BED DAYS	466,105	5	41,479		109,500	9,744	14
15	35	EQUIPMENT RENTAL	AVAILABLE BED DAYS	466,105	5	25,042		109,500	5,883	15
16										16
17										17
18	21	CLERICAL SALARIES	DIRECT ALLOCATION		5	811,302	811,302		213,313	18
19	27	GEN ADMIN. - EMP. BEN.	DIRECT ALLOCATION		5	254,060			66,799	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 1,575,857	$ 811,302		$ 400,040	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: CAREPATH HEALTH NETWORK
Street Address: 6633 N LINCOLN AVENUE
City / State / Zip Code: LINCOLNWOOD, IL 60712
Phone Number: (888) 707-6700
Fax Number: (847) 679-2150

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	ADMINISTRATIVE	CARE PATH FEES	339,037	13	$ 263,221	$ 263,221	22,212	$ 17,245	1
2	19	PROFESSIONAL FEES	CARE PATH FEES	339,037	13	1,730		22,212	113	2
3	20	FEES, SUBSCRIPTIONS	CARE PATH FEES	339,037	13	(3,296)		22,212	(216)	3
4	21	CLERICAL AND GENERAL	CARE PATH FEES	339,037	13	24,604		22,212	1,612	4
5	24	SEMINARS	CARE PATH FEES	339,037	13	784		22,212	51	5
6	27	GEN ADMIN.- EMP. BEN.	CARE PATH FEES	339,037	13	57,412		22,212	3,761	6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 344,455	$ 263,221		$ 22,566	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: JLR MANAGEMENT CORP.
Street Address: 6633 NORTH LINCOLN
City / State / Zip Code: LINCOLNWOOD, IL. 60712
Phone Number: (847) 679-9141
Fax Number: (847) 679-1820

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	J. RAJCHENBACH-COMP.	AVG. HOURS WORKED	55	10	$ 479,725	$ 179,725	1	$ 8,722	1
2	19	PROFESSIONAL FEES	AVG. HOURS WORKED	55	10	11,000		1	200	2
3	21	OFFICE	AVG. HOURS WORKED	55	10	11,782	9,614	1	214	3
4	27	PAYROLL TAXES	AVG. HOURS WORKED	55	10	8,956		1	163	4
5										5
6										6
7	17	MARVIN NEEDLE-CONS. FEES	AVG. HOURS WORKED	40	1	36,296				7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 547,759	$ 189,339		$ 9,299	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: SHAYMARK MANAGEMENT CORP.
Street Address: 6633 NORTH LINCOLN
City / State / Zip Code: LINCOLNWOOD, IL. 60712
Phone Number: (847) 679-9141
Fax Number: (847) 679-1820

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	BERNIE HOLLANDER-SAL.	AVG. HOURS WORKED	47	5	$ 154,947	$ 154,947	20	$ 65,935	1
2	19	PROFESSIONAL FEES	AVG. HOURS WORKED	47	5	6,541		20	2,784	2
3	27	PAYROLL TAXES	AVG. HOURS WORKED	47	5	7,751		20	3,298	3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 169,239	$ 154,947		$ 72,017	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	Cambridge		X	Mortgage	$43,906.00	7/1/03	$ 8,276,700	$ 8,243,093	7/1/38	5.40%	$ 177,646	1
2	Chase Auto Financing		X	Auto Loan	$1,343.00	9/21/01	43,346	10,447	8/21/04	7.50%	1,389	2
3	ABB Business Finance		X	Paging System	$541.00	7/01/01	25,393	14,287	6/1/06	10.13%	1,713	3
4	Prudential		X	Mortgage				0		7.50%	353,714	4
5	See Supplemental Schedule											5
	Working Capital											
6	Bank One		X	Working Capital				1,814,226			105,911	6
7	A.I Credit		X	Insurance							4,285	7
8	See Supplemental Schedule										4,244	8
9	TOTAL Facility Related				$45,790.00		$ 8,345,439	$ 10,082,053			$ 648,902	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13	See Supplemental Schedule											13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 8,345,439	$ 10,082,053			$ 648,902	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ none Line #

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1							$	$			$	1
2												2
3												3
4												4
5												5
6												6
7	TOTAL Long-Term											7
	Working Capital											
8	Allocation from Itex/A.K. Care		X				$	$			$ 21,542	8
9	Interest Income		X								(5,340)	9
10	Interest Income		X								(126)	10
11	Interest Income - Halsted Assoc		X								(11,832)	11
12												12
13												13
14	TOTAL Working Capital										4,244	14
	B. Non-Facility Related*											
15							$	$			$	15
16												16
17												17
18												18
19												19
20	TOTAL Non-Facility Related											20

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 **Report Period Beginning:** 01/01/03 **Ending:** 12/31/03

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2002 report. *Important*, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	$	276,544	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	275,956	2
3. Under or (over) accrual (line 2 minus line 1).	$	(588)	3
4. Real Estate Tax accrual used for 2003 report. (Detail and explain your calculation of this accrual on the lines below.)	$	279,522	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)**	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	278,934	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	1998	285,569	8
	1999	283,668	9
	2000	256,659	10
	2001	263,375	11
	2002	266,212	12

FOR OHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2002	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

accrual = 2002 taxes X 1.05
266211.69 X 1.05 = 279522
Allocated from Itex/A.K. Care = 9744.37

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2002 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2002 real estate tax costs, as well as copies of your real estate tax bills for calendar 2002.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2002 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2003 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2002 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Halsted Terrace Nsg Ctr Inc. COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0020842

CONTACT PERSON REGARDING THIS REPORT : Steve Lavenda

TELEPHONE (847) 236-1111 FAX #: (847) 236-1155

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2002 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2002.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	25-16-316-001-0000	Long Term Care Property	$ 26,382.56	$ 26,382.56
2.	25-16-316-002-0000	Long Term Care Property	$ 25,328.86	$ 25,328.86
3.	25-16-332-012-0000	Long Term Care Property	$ 86,840.16	$ 86,840.16
4.	25-16-332-013-0000	Long Term Care Property	$ 127,660.11	$ 127,660.11
5.	10-35-312-022-0000	Home Office	$ 41,478.56	$ 9,744.37
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 307,690.25	$ 275,956.06

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? XX YES _____ NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2002 tax bills which were listed in Section A to this statement. Be sure to use the 2002 tax bill which is normally paid during 2003.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2002 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Halsted Terrace Nsg Ctr Inc. COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0020842

CONTACT PERSON REGARDING THIS REPORT : Steve Lavenda

TELEPHONE (847) 236-1111 FAX #: (847) 236-1155

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.			$	$
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$	$

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? _____ YES _____ NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 60,068 B. General Construction Type: Exterior Brick Frame _____ Number of Stories 3

C. Does the Operating Entity? [ ] (a) Own the Facility [X] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [X] (a) Own the Equipment [X] (b) Rent equipment from a Related Organization. [X] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [X] YES [ ] NO
If so, please complete the following:

1. Total Amount Incurred: 106,039
2. Number of Years Over Which it is Being Amortized: 25
3. Current Period Amortization: 268,789
4. Dates Incurred: 1995

Nature of Costs: New Loan costs = 106039, Old loan costs = 354499 (written off in current year); alloc. From Itex/A.K. Care = 3086
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility			$ 855,000	1
2					2
3	TOTALS			$ 855,000	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various			1978	750		20	-		750	9
10	Various			1979	12,807		20	201	201	12,674	10
11	Various			1980	35,915		20	-		35,915	11
12	Various			1981	13,910		20	-		13,910	12
13	Various			1982	8,814		20	-		8,814	13
14	Various			1983	12,936		20	-		12,936	14
15	Various			1984	20,560		20	-		20,560	15
16	Various			1985	18,883		20	96	96	18,829	16
17	Various			1986	2,456		20	103	103	2,239	17
18	Various			1987	4,000		20	127	127	2,083	18
19	Various			1988	82,596		20	2,621	2,621	39,897	19
20	Various			1989	1,225		20	39	39	561	20
21	Various			1990	91,597		20	3,783	3,783	45,028	21
22	Various			1993	53,620		20	2,681	2,681	31,199	22
23	Various			1995	137,959		20	7,064	7,064	59,075	23
24	Various			1996	538,107		20	26,907	26,907	216,984	24
25	Various			1997	76,548		20	3,910	3,910	25,720	25
26	Various			1998	77,488		20	3,875	3,875	21,368	26
27	Various			1999	278,572		20	13,997	13,997	67,001	27
28								-		-	28
29								-		-	29
30								-		-	30
31								-		-	31
32								-		-	32
33								-		-	33
34								-		-	34
35								-		-	35
36								-		-	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			$	$		$	$	$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67	Related Building Company (Pages 12-BLDG & 12A-BLDG)		8,125,379	207,542		40,036	(167,506)		67
68	Related Party Allocations (Pages 12-REP & 12A-REP)		462,438	11,120		15,047	3,927	155,609	68
69	Financial Statement Depreciation			49,273			(49,273)		69
70	TOTAL (lines 4 thru 69)		$ 10,056,560	$ 267,935		$ 120,487	$ (147,448)	$ 791,152	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 10,056,560	$ 267,935		$ 120,487	$ (147,448)	$ 791,152	1
2	Roof Repairs	2000	7,143		20	183	183	702	2
3	Heat Exchanger	2000	1,942		20	97	97	388	3
4	Florescent Fixtures	2000	2,014		20	101	101	403	4
5	Flourescent Fixtures	2000	1,488		20	74	74	297	5
6	Flourescent Fixtures	2000	2,911		20	146	146	571	6
7	Flourescent Fixtures	2000	3,307		20	165	165	647	7
8	Wallcovering	2000	1,352		20	68	68	260	8
9	Wallcovering	2000	1,415		20	71	71	272	9
10	Tile	2000	1,981		20	99	99	371	10
11	Tile	2000	760		20	38	38	143	11
12	Sprinkler Head	2000	878		20	44	44	154	12
13	A/C Repairs	2000	12,021		20	601	601	2,053	13
14	Flourescent Fixtures	2000	494		20	25	25	78	14
15	Elevator Repair	2000	1,393		20	70	70	256	15
16	Sprinkler System	2000	1,000		20	50	50	196	16
17	Sprinkler Rings	2000	564		20	28	28	103	17
18	Switches	2000	525		20	26	26	90	18
19	Freezer	2000	571		20	29	29	96	19
20	Pump	2000	521		20	26	26	85	20
21	Boiler	2000	1,150		20	58	58	188	21
22	Sprinkler Rings	2000	1,316		20	66	66	237	22
23	Exterior Insulation	2000	511		20	26	26	88	23
24	Tmx And Lmx Cards	2000	1,519		20	76	76	304	24
25	Modem Hookup	2000	1,617		20	81	81	311	25
26	Voicemail Install	2001	1,229		20	123	123	277	26
27	Electrical Work	2001	696		20	35	35	79	27
28	Boilers	2001	56,500		20	2,825	2,825	6,121	28
29	Paging System	2001	25,443		20	1,272	1,272	3,180	29
30	Wallcoverings	2001	754		20	38	38	107	30
31	Light Fixtures	2001	522		20	26	26	63	31
32	Elevator Flooring	2001	597		20	30	30	88	32
33	Elevator Flooring	2001	784		20	39	39	114	33
34	TOTAL (lines 1 thru 33)		$ 10,191,478	$ 267,935		$ 127,123	$ (140,812)	$ 809,474	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 10,191,478	$ 267,935		$ 127,123	$ (140,812)	$ 809,474	1
2	Painting	2001	3,779		20	189	189	473	2
3	Booster Power Supply	2001	876		20	44	44	99	3
4	Ac Repair	2001	2,397		20	120	120	320	4
5	Sprinkler Repair	2001	1,014		20	51	51	135	5
6	Handrail	2001	600		20	30	30	75	6
7	Hot Water Valve Repa	2001	850		20	43	43	103	7
8	Hot Water Valve Repa	2001	1,419		20	71	71	160	8
9	Carpeting	2002	4,550		20	650	650	867	9
10	Border Patient'S Room	2002	1,173		20	880	880	1,173	10
11	Paint	2002	713		20	71	71	125	11
12	Sink	2002	642		20	64	64	86	12
13	Paint	2002	532		20	53	53	67	13
14	Copper Drain	2002	1,400		20	140	140	280	14
15	Roof Repair	2002	974		20	97	97	162	15
16	Cable Connectors/Outlets (Electric)	2002	1,100		20	110	110	156	16
17	Cable Connectors/Outlets (Electric)	2002	990		20	99	99	132	17
18	Fixtures	2002	705		20	71	71	76	18
19	Expansion Coupler	2002	1,405		20	141	141	281	19
20	Electrical & Fixtures	2002	590		20	59	59	118	20
21	Cable & Lines	2002	528		20	53	53	92	21
22	Chiller	2002	2,932		20	293	293	464	22
23	Chiller	2002	1,697		20	170	170	255	23
24	Flow Switches	2002	1,185		20	119	119	168	24
25	Carrier Unit	2002	759		20	76	76	101	25
26	Electrical Lines	2002	585		20	59	59	78	26
27	Air Conditioner Repair	2002	1,731		20	173	173	216	27
28	Boiler & Pump	2002	1,089		20	109	109	127	28
29	Wallcoverings	2003	5,601		20	5,601	5,601	5,601	29
30	Window Treatments	2003	451		20	23	23	23	30
31	Flooring	2003	14,743		20	1,474	1,474	1,474	31
32	Flooring	2003	2,488		20	249	249	249	32
33	Flooring	2003	14,743		20	1,474	1,474	1,474	33
34	TOTAL (lines 1 thru 33)		$ 10,265,719	$ 267,935		$ 139,979	$ (127,956)	$ 824,684	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 10,265,719	$ 267,935		$ 139,979	$ (127,956)	$ 824,684	1
2	Flooring	2003	2,488		20	249	249	249	2
3	Light Fixtures	2003	3,685		20	169	169	169	3
4	Window Treatments	2003	5,305		20	243	243	243	4
5	Carpeting	2003	3,146		20	144	144	144	5
6	Flooring	2003	21,810		20	1,999	1,999	1,999	6
7	Flooring	2003	4,550		20	417	417	417	7
8	Drapery And Rods	2003	5,882		20	245	245	245	8
9	Cleanout Covers	2003	1,700		20	128	128	128	9
10	Carpeting	2003	15,447		20	515	515	515	10
11	Insulation	2003	1,208		20	81	81	81	11
12	Insulation	2003	7,422		20	495	495	495	12
13	Roof Compressor	2003	14,394		20	420	420	420	13
14	Water Pump	2003	1,626		20	47	47	47	14
15	Compressor	2003	2,637		20	66	66	66	15
16	Carpeting	2003	2,663		20	67	67	67	16
17	Wallcovering	2003	21,003		20	438	438	438	17
18	Roof Repairs	2003	6,044		20	302	302	302	18
19	Flooring	2003	7,564		20	315	315	315	19
20	Flooring	2003	5,600		20	156	156	156	20
21	Flooring	2003	66,858		20	1,857	1,857	1,857	21
22	Light Fixtures	2003	780		20	16	16	16	22
23	Computer Cabeling	2003	1,669		20	139	139	139	23
24	Flooring	2003	6,113		20	153	153	153	24
25	Water Heater Repairs	2003	2,004		20	25	25	25	25
26	Light Fixtures	2003	1,300		20	16	16	16	26
27	Flooring	2003	553		20	14	14	14	27
28	Flooring	2003	8,559		20	214	214	214	28
29	Flooring	2003	24,530		20	613	613	613	29
30	Light Fixtures	2003	520		20	4	4	4	30
31	Flooring	2003	7,564		20	63	63	63	31
32	Flooring	2003	5,600		20	47	47	47	32
33	Flooring	2003	66,858		20	557	557	557	33
34	TOTAL (lines 1 thru 33)		$ 10,592,801	$ 267,935		$ 150,193	$ (117,742)	$ 834,898	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		$ 10,592,801	$ 267,935		$ 150,193	$ (117,742)	$ 834,898	1
2	Flooring	2003	8,559		20	71	71	71	2
3	Flooring	2003	553		20	5	5	5	3
4	Flooring	2003	6,113		20	51	51	51	4
5	Flooring	2003	7,780		20	65	65	65	5
6	Flooring	2003	41,155		20	343	343	343	6
7	Room Renovation	2003	10,670		20	89	89	89	7
8	Light Fixtures	2003	2,795		20	12	12	12	8
9	Dialysis Room Plumbing	2003	12,984		20	108	108	108	9
10	Hood Duct	2003	595		20	55	55	55	10
11	Sprinkler System Drain	2003	516		20	39	39	39	11
12	Valves	2003	1,211		20	71	71	71	12
13	Gas Safety Valve	2003	542		20	27	27	27	13
14	Connector & Insulation	2003	500		20	29	29	29	14
15	Plate Assembly	2003	741		20	31	31	31	15
16	Air Conditioner Motor	2003	1,351		20	6	6	6	16
17	Nurse Call Unit	2003	515		20	94	94	94	17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 10,689,381	$ 267,935		$ 151,289	$ (116,646)	$ 835,994	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		$ 10,689,381	$ 267,935		$ 151,289	$ (116,646)	$ 835,994	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
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19									19
20									20
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23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 10,689,381	$ 267,935		$ 151,289	$ (116,646)	$ 835,994	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		$ 10,689,381	$ 267,935		$ 151,289	$ (116,646)	$ 835,994	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
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18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 10,689,381	$ 267,935		$ 151,289	$ (116,646)	$ 835,994	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		$ 10,689,381	$ 267,935		$ 151,289	$ (116,646)	$ 835,994	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 10,689,381	$ 267,935		$ 151,289	$ (116,646)	$ 835,994	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		$ 10,689,381	$ 267,935		$ 151,289	$ (116,646)	$ 835,994	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 10,689,381	$ 267,935		$ 151,289	$ (116,646)	$ 835,994	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12I, Carried Forward		$ 10,689,381	$ 267,935		$ 151,289	$ (116,646)	$ 835,994	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 10,689,381	$ 267,935		$ 151,289	$ (116,646)	$ 835,994	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12J, Carried Forward		$ 10,689,381	$ 267,935		$ 151,289	$ (116,646)	$ 835,994	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 10,689,381	$ 267,935		$ 151,289	$ (116,646)	$ 835,994	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4			1994		$ 7,334,294	$ 188,059		$	$ (188,059)	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Halsted Associates			1994	791,085	19,483		40,036	20,553		9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A-BLDG, Line 70 for total

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			$	$		$	$	$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
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56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 8,125,379	$ 207,542		$ 40,036	$ (167,506)	$	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5			1993		376,833	9,662	35	10,767	1,105	113,946	5
6											6
7											7
8											8
	Improvement Type**										
9	Itex/A.K.Care			1993	47,416	572	20	2,371	1,799	25,383	9
10	Itex/A.K.Care			1994	25,468	663	20	1,273	610	11,819	10
11	Itex/A.K.Care			1995	4,340	11	20	217	206	1,779	11
12	Itex/A.K.Care			1996	246	3	20	12	(9)	99	12
13	Itex/A.K.Care			1997	7,322	188	20	366	178	2,380	13
14	Itex/A.K.Care			1999	813	21	20	41	20	203	14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A-REP, Line 70 for total

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			$	$		$	$	$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 462,438	$ 11,120		$ 15,047	$ 3,909	$ 155,609	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 1,603,027	$ 35,232	$ 160,226	$ 124,994	10	$ 1,223,533	71
72	Current Year Purchases	292,795	55,358	36,598	(18,760)	10	36,598	72
73	Fully Depreciated Assets	644,066				10	644,066	73
74								74
75	TOTALS	$ 2,539,888	$ 90,590	$ 196,824	$ 106,234		$ 1,904,197	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Facility	LEXUS	2001	$ 25,000	$ 2,950	$ 2,500	$ (450)	5	$ 5,833	76
77										77
78										78
79										79
80	TOTALS			$ 25,000	$ 2,950	$ 2,500	$ (450)		$ 5,833	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 14,109,269	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 361,475	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 350,613	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (10,862)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 2,746,024	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	LEXUS - 2001	$ 41,173	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$ 41,173	$	$	91

G. Construction-in-Progress

	Description	Cost	
92			92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

SEE ACCOUNTANTS' COMPILATION REPORT

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. [ ] YES [X] NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6	Storage				2,748			6
7	TOTAL				$ 2,748 **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: [ ] YES [ ] NO Terms: *

10. Effective dates of current rental agreement:
Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2004	$
13.	/2005	$
14.	/2006	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? [ ] YES [X] NO

16. Rental Amount for movable equipment: $ 17,361 Description: See Attached Schedule
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17		Lexus 2003	$ 539.00	$ 5,346	17
18		Honda	389.00	4,667	18
19		Honda	630.00	7,560	19
20		Ford Explorer	577.00	6,385	20
21	TOTAL		$ 2,135.00	$ 23,958	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? [ ] YES [X] NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER AIDE ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	39 - 01	2044 hrs	$ 54,085		$	$	2,044	$ 54,085	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			395			395	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 01	2486 hrs	72,125				2,486	72,125	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescrpts				185,256		185,256	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): See Supplemental			7,611			31,671		39,282	13
14	TOTAL			$ 133,821		$ 395	$ 216,927	4,530	$ 351,143	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. **#** 0020842 **Report Period Beginning:** 01/01/03 **Ending:** 12/31/03

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/03 **(last day of reporting year)**

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 1,000	$ 751,114	1
2	Cash-Patient Deposits	149,259	149,259	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	702,366	702,366	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	234,673	287,460	6
7	Other Prepaid Expenses	20,400	20,400	7
8	Accounts Receivable (owners or related parties)	730,123	730,123	8
9	Other(specify): See Attached Schedule	38,796	543,424	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,876,617	$ 3,184,146	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		855,000	13
14	Buildings, at Historical Cost		7,998,898	14
15	Leasehold Improvements, at Historical Cost	1,659,521	1,703,891	15
16	Equipment, at Historical Cost	2,035,298	2,931,466	16
17	Accumulated Depreciation (book methods)	(2,018,775)	(4,963,110)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		106,330	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(1,519)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached Schedule	705,744	705,744	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 2,381,788	$ 9,336,700	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 4,258,405	$ 12,520,846	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,719,905	$ 1,719,904	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	154,725	154,725	28
29	Short-Term Notes Payable	1,829,961	1,829,961	29
30	Accrued Salaries Payable	273,804	273,804	30
31	Accrued Taxes Payable (excluding real estate taxes)	30,835	30,835	31
32	Accrued Real Estate Taxes(Sch.IX-B)		279,522	32
33	Accrued Interest Payable	89	37,183	33
34	Deferred Compensation	50,000	50,000	34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Attached Schedule	46,044	353,479	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 4,105,363	$ 4,729,413	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	9,000	8,252,093	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Attached Schedule			43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 9,000	$ 8,252,093	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 4,114,363	$ 12,981,506	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 144,042	$ (460,660)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 4,258,405	$ 12,520,846	48

SEE ACCOUNTANTS' COMPILATION REPORT

***(See instructions.)**

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (138,615)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (138,615)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	282,657	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 282,657	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 144,042	24 *

*** This must agree with page 17, line 47.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 11,756,406	1
2	Discounts and Allowances for all Levels	(819,584)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 10,936,822	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	714,081	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 714,081	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	838	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	308,608	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	38,855	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 348,301	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	5,466	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 5,466	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	264	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 264	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 12,004,934	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,655,332	31
32	Health Care	4,216,514	32
33	General Administration	3,746,661	33
	B. Capital Expense		
34	Ownership	1,494,784	34
	C. Ancillary Expense		
35	Special Cost Centers	444,736	35
36	Provider Participation Fee	164,250	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 11,722,277	40
41	**Income before Income Taxes (line 30 minus line 40)****	282,657	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 282,657	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? Not Complete If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.** **SEE ACCOUNTANTS' COMPILATION REPORT**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,901	2,086	$ 76,289	$ 36.57	1
2	Assistant Director of Nursing	1,742	2,098	56,686	27.02	2
3	Registered Nurses	18,301	20,021	452,137	22.58	3
4	Licensed Practical Nurses	69,045	74,993	1,452,741	19.37	4
5	Nurse Aides & Orderlies	148,942	160,395	1,372,928	8.56	5
6	Nurse Aide Trainees					6
7	Licensed Therapist	4,530	4,665	126,210	27.05	7
8	Rehab/Therapy Aides	10,920	12,529	138,598	11.06	8
9	Activity Director	1,893	2,078	23,368	11.25	9
10	Activity Assistants	15,264	17,078	140,032	8.20	10
11	Social Service Workers	6,959	8,167	115,994	14.20	11
12	Dietician					12
13	Food Service Supervisor	1,917	2,073	25,243	12.18	13
14	Head Cook					14
15	Cook Helpers/Assistants	32,866	34,816	251,097	7.21	15
16	Dishwashers					16
17	Maintenance Workers	7,347	7,902	97,024	12.28	17
18	Housekeepers	34,605	37,018	292,637	7.91	18
19	Laundry	8,167	8,871	63,176	7.12	19
20	Administrator	2,029	2,086	116,837	56.01	20
21	Assistant Administrator	2,000	2,080	33,267	15.99	21
22	Other Administrative	1,948	1,986	536,805	270.29	22
23	Office Manager					23
24	Clerical	9,974	11,431	233,910	20.46	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,869	2,062	29,778	14.44	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	6,282	6,522	100,073	15.34	33
34	TOTAL (lines 1 - 33)	388,501	420,957	$ 5,734,830 *	$ 13.62	34

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	364	$ 11,640	01-03	35
36	Medical Director	monthly	31,000	09-03	36
37	Medical Records Consultant	monthly	4,128	10-03	37
38	Nurse Consultant	fee	23,845	10-03	38
39	Pharmacist Consultant	monthly	5,928	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant	5	426	10a-03	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	monthly	2,408	11-03	44
45	Social Service Consultant	82	4,510	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	451	$ 83,885		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$		50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		$		53

SEE ACCOUNTANTS' COMPILATION REPORT

* This total must agree with page 4, column 1, line 45.

** See instructions.

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Joelynn Johnson 1/03-4/03	Administrator	0	$ 68,245
David Hayduch 5/03-12/03	Administrator	0	48,592
Mark Hollander	Executive	0	230,736
Bernard Hollander	Administration	83.33	306,069
Yolanda Jackson	Asst. Admin.	0	33,267
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 686,909

B. Administrative - Other

Description	Amount
Management Fees -JLR Management	$ 180,000
Management Fees -Shaymark	300,000
Management Fees -Bernard Cohen (adj out on p 5)	60,000
TOTAL (agree to Schedule V, line 17, col. 3)	$ 540,000
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Winston & Strawn	Legal	$ 12,606
Stone McGuire	Legal	17,852
Harris Kessler & Goldstein	Legal	4,207
Achieve Accreditation	Joint Commission	12,876
Power Software	Computer Consultant	7,467
Global Exchange	Data Processing	5,600
Medi Com	Data Processing	112
GE Information	Data Processing	393
Hlthcare Horizons (adj out p 5)	Administrative Consulting	4,400
Gift Rap Corp	Computer Consulting	4,341
Personnel Planners	Unemployment Consult	2,439
See Supplemetal Schedule		514,304
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 586,597

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 75,347
Unemployment Compensation Insurance	48,165
FICA Taxes	414,330
Employee Health Insurance	267,056
Employee Meals	29,656
Illinois Municipal Retirement Fund (IMRF)*	
Head Tax	10,108
401K Expenses	3,783
Misc. Employee Benefits	1,140
Pension Plan	49,838
Christmas Expenses	12,448
TOTAL (agree to Schedule V, line 22, col.8)	$ 911,871

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 200
Advertising: Employee Recruitment	52,002
Health Care Worker Background Check	3,748
(Indicate # of checks performed 346)	
Yellow Page Advertising	1,628
Public Relations	27,943
Licenses	1,216
Dues & Subscriptions	700
Allocation from Itex/A.K. Care	585
See Supplemental Schedule	12,153
Less: Public Relations Expense	(27,943)
Non-allowable advertising	( )
Yellow page advertising	(1,628)
TOTAL (agree to Sch. V, line 20, col. 8)	$ 70,604

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	2,185
Allocation from Itex/A.K. Care	383
Allocation from Carepath	51
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 2,619

* Attach copy of IMRF notifications

**See instructions.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008
1	None		$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Halsted Terrace Nsg Ctr Inc. # 0020842 Report Period Beginning: 01/01/03 Ending: 12/31/03

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **Yes**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **IL Council LTC: 16740, IL Nrg Hm: 75**

(3) Did the nursing home make political contributions or payments to a political action organization? **Yes** If YES, have these costs been properly adjusted out of the cost report? **Yes**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **No** If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **10**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **87,347** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ **164,250**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No** If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **No** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **29,656** Has any meal income been offset against related costs? **N/A** Indicate the amount. $

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? **100%ln14**
d. Have vehicle usage logs been maintained? **No**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **N/A**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $

(17) Has an audit been performed by an independent certified public accounting firm? **No**
Firm Name: The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? If no, please explain.

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **Yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **Yes**
Attach invoices and a summary of services for all architect and appraisal fees.